26. Personal care assistant services. (continued)

a) permission by the recipient or responsible party for the maximum number of shared services hours per week chosen by the recipient;

b) permission by the recipient or responsible party for personal care assistant services provided outside the recipient's home;

c) permission by the recipient or responsible party for others to receive shared services in the recipient's home;

d) revocation by the recipient or responsible party of the shared service authorization, or the shared service to be provided to others in the recipient's home, or the shared services to be provided outside the recipient's home;

e) if a qualified professional is requested by any one of the recipients or responsible parties, supervision of the shared personal care assistant services by the qualified professional, including the date, time of day, number of hours spent supervising the provision of shared services, whether the supervision was face-to-face or another method of supervision, changes in the recipient's condition, and shared services scheduling issues and recommendations;

f) if a qualified professional is requested by any one of the recipients or responsible parties, documentation by the qualified professional of telephone calls or other discussions with the personal care assistant regarding services being provided to the recipient; and

g) daily documentation of the shared services provided by each identified personal care assistant including:

1) the names of each recipient receiving share services together;

2) the setting for the shared services, including the starting and ending times that the recipient received shared services; and

26. Personal care assistant services. (continued)

3) notes by the personal care assistant regarding changes in the recipient's condition, problems that may arise from the sharing of services, scheduling issues, care issues, and other notes as required by the qualified professional, if a qualified professional is requested by any one of the recipients or responsible parties.

In order to receive shared services:

a) the recipient or responsible party, in conjunction with the county public health nurse, must determine:

1) whether shared services is an appropriate option based on the individual needs and preferences of the recipient; and

2) the amount of shared services allocated as part of the overall authorization of personal care assistant services;

b) the recipient or responsible party, in conjunction with the supervising qualified professional (if a qualified professional is requested by any one of the recipients or responsible parties), must arrange the setting and grouping of shared services based on the individual needs and preferences of the recipients;

c) the recipient or responsible party, and the supervising qualified professional (if a qualified professional is requested by any one of the recipients or responsible parties), must consider and document in the recipient's health service record:

1) the additional qualifications needed by the personal care assistant to provide care to several recipients in the same setting;

2) the additional training and supervision needed by the personal care assistant to ensure that the needs of the recipient are appropriately and safely met. If supervision by a qualified professional is requested by any one of the recipients or responsible parties, the provider

26. Personal care assistant services. (continued)

must provide on-site supervision by a qualified professional within the first 14 days of shared services, and monthly thereafter;

3) the setting in which the shared services will be provided;

4) the ongoing monitoring and evaluation of the effectiveness and appropriateness of the service and process used to make changes in service or setting; and

5) a contingency plan that accounts for absence of the recipient in a shared services setting due to illness or other circumstances and staffing contingencies.

- The following personal care assistant services are covered under medical assistance as personal care assistant services:

~~a) bowel and bladder care;~~

~~b) skin care to maintain the health of the skin;~~

~~c) repetitive range of motion, muscle strengthening exercises, and other tasks specific to maintaining a recipient's optimal level of function;~~

~~d) respiratory assistance;~~

~~e) transfers and ambulation;~~

~~f) bathing, grooming, and hair washing necessary for personal hygiene;~~

~~g) turning and positioning;~~

~~h) assistance with furnishing medication that is self-administered;~~

~~i) application and maintenance of prosthetics and orthotics;~~

26. Personal care assistant services. (continued)

~~j) cleaning medical equipment;~~

~~k) dressing or undressing;~~

~~l) assistance with eating, meal preparation and necessary grocery shopping;~~

~~m) accompanying a recipient to obtain medical diagnosis or treatment;~~

~~n) effective July 1, 1996, assisting, monitoring, or prompting the recipient to complete the services in items (a) to (m);~~

~~o) effective July 1, 1996, redirection, monitoring, and observation that are medically necessary and an integral part of completing the personal care described in items (a) to (n);~~

~~p) effective July 1, 1996, redirection and intervention for behavior, including observation and monitoring;~~

~~q) effective July 1, 1996, interventions for seizure disorders, including monitoring and observation if the recipient has had a seizure that requires intervention within the past three months;~~

~~r) effective July 1, 1998, tracheostomy suctioning using a clean procedure if the procedure is properly delegated by a registered nurse. Before this procedure may be delegated to a personal care assistant, a registered nurse must determine that the tracheostomy suctioning can be accomplished utilizing a clean, rather than a sterile procedure, and must ensure that the personal care assistant has been taught the proper procedure. A clean procedure is defined as a technique reducing the numbers of microorganisms, or prevents or reduces the transmission of microorganisms from one recipient or place to another. It may be used beginning 14 days after insertion; and~~

26. Personal care assistant services. (continued)

~~s) incidental household services that are an integral part of a personal care service described in items a) to r).~~

- ~~The above limitations do not apply to medically necessary personal care services under EPSDT.~~

a) services and supports that assist in accomplishing activities of daily living. "Activities of daily living" include eating, toileting, grooming, dressing, bathing, transferring, mobility, and positioning;

b) services and supports that assist in accomplishing instrumental activities of daily living. "Instrumental activities of daily living" include meal planning and preparation, managing finances, shopping for food, clothing and other essential items, performing essential household chores, communication by telephone and other media, and participating in the community;

c) services and supports that assist in health-related functions through hands-on assistance, supervision, and cuing. "Health-related functions" means services that can be delegated or assigned by a licensed health care professional to be performed by a personal care assistant. These are provided under the supervision of a qualified professional or the direction of the recipient's physician; and

d) redirection and intervention for behavior including observation and monitoring.

- The following services are **not covered** under medical assistance as personal care assistant services:

  a) health services provided and billed by a provider who is not an enrolled personal care provider;

  b) personal care assistant services that are provided by the recipient's spouse, legal guardian, parent of a recipient under age 18, or the recipient's responsible party;

26. Personal care assistant services. (continued)

c) personal care assistant services that are provided by the recipient's adult child or sibling, or the adult recipient's parent, unless these relatives meet one of the hardship criteria, below, and receive a waiver from the Department. As of July 1, 2000, any of these relatives who are also guardians or conservators of adult recipients, when the guardians or conservators are not the owner of the recipient's personal care provider organization, are included in this list.

The hardship waiver criteria are:

1) the relative resigns from a part-time or full-time job to provide personal care for the recipient;

2) the relative goes from a full-time job to a part-time job with less compensation to provide personal care for the recipient;

3) the relative takes a leave of absence without pay to provide personal care for the recipient;

4) the relative incurs substantial expenses by providing personal care for the recipient; or

5) because of labor conditions, special language needs, or intermittent hours of care needed, the relative is needed in order to provide an adequate number of qualified personal care assistants to meet the medical needs of the recipient.

d) effective July 1, 1996, services provided by a foster care provider of a recipient who cannot direct his or her own care, unless a county or state case manager visits the recipient as needed, but not less than every six months, to monitor the health and safety of the recipient and to ensure the goals of the care plan are met;

26. Personal care assistant services. (continued)

e) services provided by the residential or program license holder in a residence for more than four persons;

f) services that are the responsibility of a residential or program license holder under the terms of a service agreement and administrative rules;

g) sterile procedures;

h) giving of injections of fluids into veins, muscles, or skin;

i) homemaker services that are not an integral part of a personal care assistant service;

j) home maintenance or chore services;

l) personal care assistant services when the number of foster care residents is greater than four;

m) personal care assistant services when other, more cost-effective, medically appropriate services are available;

n) services not specified as covered under medical assistance as personal care assistant services;

o) effective January 1, 1996, assessments by personal care provider organizations or by independently enrolled registered nurses;

p) effective July 1, 1996, services when the responsible party is an employee of, or under contract with, or has any direct or indirect financial relationship with the personal care provider or personal care assistant, unless case management is provided (applies to foster care settings);

26. Personal care assistant services. (continued)

q) effective January 1, 1996, personal care assistant services that are not in the service plan;

r) home care services to a recipient who is eligible for Medicare covered home care services (including hospice), if elected by the recipient, or any other insurance held by the recipient;

s) services to other members of the recipient's household;

t) any home care service included in the daily rate of the community-based residential facility where the recipient resides;

u) personal care assistant services that are not ordered by the physician; or

v) services not authorized by the commissioner or the commissioner's designee.

SUPPLEMENTARY NOTES

The following services are not covered under the Medical Assistance program:

1. a health service paid for directly by any other source, including third-party payers and recipients, unless the recipient's eligibility is retroactive and the provider bills the Medical Assistance program for the purpose of repaying the recipient;

2. drugs ~~which~~ that are not in the Drug Formulary or which have not received prior authorization;

3. a health service for which the required prior authorization was not obtained;

4. autopsies;

5. missed or canceled appointments;

6. telephone calls or other communications that were not face-to-face between the provider and the recipient. There is an exception for skilled nurse visits via telehomecare;

7. reports required solely for insurance or legal purposes unless requested by the local agency or the Department;

8. an average procedure including cash penalties from recipients, unless provided according to state rules;

9. a health service that does not comply with Minnesota Rules, parts 9505.0170 to 9505.0475

10. separate charges for the preparation of bills;

11. separate charges for mileage for purposes other than medical transportation of a recipient;

12. a health service that is not provided directly to the recipient, unless the service is a covered service;

SUPPLEMENTARY NOTES (continued)

13. concurrent care by more than one provider of the same type of provider or health service specialty, for the same diagnosis, without an appropriate medical referral detailing the medical necessity of the concurrent care, if the provider has reason to know concurrent care s being provided. In this event, the Department shall pay the first submitted claim;

14. a health service, other than an emergency health service, provided to a recipient without the knowledge and consent of the recipient or the recipient's legal guardian, or a health service provided without a physician's order when the order is required by state rules, or a health service that is not in the recipient's plan of care;

15. a health service that is not documented in the recipient's health care record or medical record as required by state rules;

16. a health service other than an emergency health service provided to a recipient in a long-term care facility ~~and which~~ that is not in the recipient's plan of care or ~~which~~ has not been ordered, in writing, by a physician when an order is required;

17. an abortion that does not comply with 42 CFR §§441.200 to 441.208 or Minnesota Statutes, §256B.0625, subdivision 16;

18. a health service that is of a lower standard of quality than the prevailing community standard of the provider's professional peers. In this event, the provider of service of a lower standard of quality is responsible for bearing the cost of the service;

19. a health service that is only for a vocational purpose or an educational purpose that is not related to a health service;

20. except for an emergency, more than one consultation by a provider per recipient per day; for purposes of this item, "consultation" means a meeting of two or more physicians to evaluate the nature and progress of disease in a recipient and to establish the diagnosis, prognosis, and therapy;

SUPPLEMENTARY NOTES (continued)

21. except for an emergency, or as allowed in item 22, more than one office, hospital, long-term care facility, or home visit by the same provider per recipient per day;

22. more than one home health aide visit ~~for a particular type of home health service by a home health agency~~ per recipient per day, and more than two skilled nurse visits per recipient per day, except as specified in the recipient's plan of care;

23. record keeping, charting, or documenting a health service related to providing a covered service;

24. services for detoxification ~~which~~ that are not medically necessary to treat an emergency;

25. artificial insemination;

26. reversal of voluntary sterilization;

27. surgery primarily for cosmetic purposes;

28. ear piercing; and

29. gender reassignment surgery and other gender reassignment medical procedures, including drug therapy for gender reassignment (unless the recipient began receiving such services before July 1, 1998).

6.d. Other practitioners' services. (continued)

B. **Public health nursing services** are paid the lower of:

1) submitted charge; or

2) State agency established rates based on comparable rates for services provided by a nurse practitioner in an office setting, or by a home health nurse in a home setting or by a nurse providing perinatal high risk services under item 20, Extended services to pregnant women.

Public health nurses who administer pediatric vaccines in item 2.a., Outpatient hospital services, available through the Minnesota Vaccines for Children Program pursuant to §1928 of the Act, are paid using the same methodology in item 2.a. for these vaccines.

The rates for these three personal care assistant services are as follows:

Service	7/1/99	7/1/00	7/1/01
Initial Public Health Nursing Assessment Visit for Personal Care Assistant Services (in-person)	$218.92/visit	$232.06/visit	$239.02/visit
Public Health Nursing Reassessment Visit for Personal Care Assistant Services (in-person)	$218.92/visit	$232.06/visit	$239.02/visit
Public Health Nursing Service Update	$109.46/update	$116.03/update	$119.51/update

7.a. Intermittent or part-time nursing service provided by a home health agency or by a registered nurse when no home health agency exists in the area.

Payment is the lower of:

1) submitted charge; or

2) Medicare cost-per-visit limits based on Medicare cost reports submitted by free-standing home health agencies in the Minneapolis and St. Paul area in the calendar year specified in state legislation governing maximum payment rates.

Effective July 1, 1994, this payment rate is increased by three percent.

Procedure Code	7/1/97	7/1/98	7/1/99	7/1/00	7/1/01
X5284 Skilled Nurse Visit	$52.79/visit	$54.37/visit	$56.54/visit	$59.93/visit	$61.73/visit

Immunizations and other injectables are paid using the same methodology as Item 2.a., Outpatient hospital services.

Home health agencies that administer pediatric vaccines in item 2.a., Outpatient hospital services, available through the Minnesota Vaccines for Children Program pursuant to §1928 of the Act, are paid using the same methodology in item 2.a. for these vaccines.

7.b. Home health aide services provided by a home health agency.

Payment is the lower of:

1) submitted charge; or

2) Medicare cost-per-visit limits based on Medicare cost reports submitted by free-standing home health agencies in the Minneapolis and St. Paul area in the calendar year specified in state legislation governing maximum payment rates.

Effective July 1,1994, this payment rate is increased by three percent.

Procedure Code	7/1/97	7/1/98	7/1/99	7/100	7/1/01
X5285 Home Health Aide Visit	$40.50/visit	$41.72/visit	$43.39/visit	$45.99/visit	$47.37/visit

7.d. Physical therapy, occupational therapy or speech pathology and audiology services provided by a home health or medical rehabilitation agency.

~~For~~ Physical therapist, occupational therapist, speech pathologist and audiologist services provided by a **home health agency**~~, payment is~~ are paid the lower of:

(1) submitted charge; or

(2) Medicare cost-per-visit limits based on Medicare cost reports submitted by free-standing home health agencies in the Minneapolis and St. Paul area in calendar year 1982.

Physical therapy assistant and occupational therapy assistant services provided by a **home health agency** are paid using the same methodology as items 11.a., Physical therapy and 11.b., Occupational therapy.

Procedure Code	7/1/97	7/1/98	7/1/99	7/1/00	7/1/01
X5280 Physical Therapy Visit (PT)	$49.51/visit	$51.00/visit	$53.04/visit	$56.22/visit	$57.91/visit
X5280 Physical Therapy Visit (Asst.)					$37.64/visit
X5281 Speech Therapy Visit	$50.27/visit	$51.78/visit	$53.85/visit	$57.08/visit	$58.79/visit
X5282 Occupational Therapy Visit (OT)	$50.53/visit	$52.05/visit	$54.13/visit	$57.38/visit	$59.10/visit
X5282 Occupational Therapy Visit (Ass't.)					$38.42/visit
X5283 Respiratory Therapy Visit	$36.75/visit	$37.85/visit	$39.36/visit	$41.72/visit	$42.97/visit

Services provided by **rehabilitation agencies** are paid using the same methodology as item 5.a., Physicians' services, except that payments are increased by 38% for physical therapy, occupational therapy, and speech pathology services provided by an entity that:

7.d. Physical therapy, occupational therapy or speech pathology and audiology services provided by a home health or medical rehabilitation agency.

(1) is licensed under Minnesota Rules, parts 9570.2000 to 9570.3400 that operate residential programs and services for the physically handicapped;

(2) is Medicare certified as a comprehensive outpatient rehabilitation facility as of January 1, 1993; and

(3) for which at least 33% of the patients receiving rehabilitation services in the most recent calendar year are recipients of medical assistance, general assistance medical care, and MinnesotaCare.

8. Private duty nursing services.

Payment is the lower of the submitted charge; or the following:

Procedure Code	1/1/93	7/1/94	7/1/97	7/1/98	7/1/99	7/1/00	6/15/01	7/1/01
X5648 Independent Private Duty L.P.N.	$2.78/unit	$2.86/unit	$3.00/unit	$3.09/unit	$3.21/unit	$3.40/unit	$5.17/unit	$5.78/unit
X5648 Private Duty L.P.N.	$4.20/unit	$4.33/unit	$4.55/unit	$4.69/unit	$4.88/unit	$5.17/unit	$5.17/unit	$5.78/unit
X5646 Independent Private Duty R.N.	$3.71/unit	$3.82/unit	$4.01/unit	$4.13/unit	$4.30/unit	$4.56/unit	$6.73/unit	$7.52/unit
X5646 Private Duty R.N.	$5.49/unit	$5.65/unit	$5.93/unit	$6.11/unit	$6.35/unit	$6.73/unit	$6.73/unit	$7.52/unit
X5649 Private Duty L.P.N. (~~for vent dependent recipient~~ complex)	$4.89/unit	$5.04/unit	$5.29/unit	$5.45/unit	$5.67/unit	$6.01/unit	$6.01/unit	$6.77/unit
X5647 Private Duty R.N. (~~for vent dependent recipient~~ complex)	$6.18/unit	$6.37/unit	$6.69/unit	$6.89/unit	$7.17/unit	$7.60/unit	$7.60/unit	$9.03/unit

NOTE: 1 unit = 15 minutes

Shared care: For two recipients sharing care, payment is one and one-half times the payment for serving one recipient ~~who is not ventilator dependent~~. This paragraph applies only to situations in which both recipients are present and received shared care on the date for which the service is billed.

11.a. Physical therapy.

Physical therapy services are paid using the same methodology as item 5.a., Physicians' services.

Physical therapy assistants are paid the lower of:

(1) submitted charge; or

(2) 100% of the fee schedule rate if the services are provided under the direction of the physical ~~therapy~~ therapist who is on the premises; or

(3) 65% of the fee schedule rate if the services are provided when the physical therapist is not on the premises.

26. Personal care assistant services.

Payment is the lower of the submitted charge, or the state agency established rate:

Procedure Code	7/1/97	7/1/98	7/1/99	7/1/00	7/1/01
X5643 Independent Personal Care Assistant	$1.97/unit	$2.03/unit	$2.11/unit	$2.24/unit	$2.31/unit
X5644 Supervision of Independent PCA	$4.06/unit	$4.18/unit	$4.35/unit	$4.61/unit	$4.75/unit
X5645 Personal Care by an Agency 1:1	$3.09/unit	$3.18/unit	$3.31/unit	$3.51/unit	$3.62/unit
X5357 Personal Care by an Agency 1:2	N/A	N/A	$2.49/unit	$2.64/unit	$2.72/unit
X5358 Personal Care by an Agency 1:3	N/A	N/A	$2.20/unit	$2.33/unit	$2.40/unit
X4037 Supervision of Personal Care by an Agency	$5.45/unit	$5.61/unit	$5.83/unit	$6.18/unit	$6.37/unit

[**NOTE**: 1 unit = 15 minutes]

Shared care: For two recipients sharing services, payment is one and one-half times the payment for serving one recipient. For three recipients sharing services, payment is two times the payment for serving one recipient. This paragraph applies only to situations in which all recipients were present and received shared services on the date for which the service is billed.

PCA Choice option: Payment is the same as that paid for personal care assistant services.